MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/591467 APPLICANT(S)

FILING DATE

(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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CLAIMS	D			Si più		

PTO - 1360 (REV. 11/04)

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TOTAL DEP.		+		-	_	4
TOTAL CLAIMS						
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